

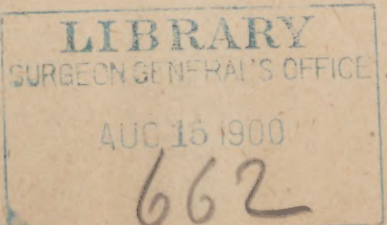
Burnett (S. G.)



A CASE OF TORTICOLLIS AND ITS LATEST TREATMENT.

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A Case of Torticollis and Its Latest Treatment.*

Mr. President and Fellows of the Academy.—I do not present this case because of its infrequency, but more to illustrate the possibilities of persistent and proper treatment applied methodically. Every practitioner of any considerable experience well knows how futile have been his attempts to alleviate the severe symptoms, much less to approximate a cure in these cases of torticollis or so-called wry neck. The medicinal portion of the treatment in such cases is not original with me, but it is an inheritance from my old friend, Prof. Graeme M. Hammond, of New York.

HISTORY OF CASE.—Mr. D. is forty-four years of age and was seen by me, in consultation with Dr. C. Lester Hall, September 20th, 1898. Some two years ago he first noticed a tendency to look to one side. This was succeeded by a turning of the head laterally. He could easily draw the head to the normal position without artificial help and would have no recurrence of the mal-position perhaps for a week. However the intervals grew shorter and the spasmodic rotation of the head became insidiously progressive. Eight months prior to his coming to me it became necessary for him to use his hand to turn his head to the normal position. For a while only he could retain it so, voluntarily, when it would again rotate to the left through the spasmodic action of the upper portion of the trapezius muscles unless considerable force was used to counteract the muscle spasm. Pain, previously absent, became markedly manifest, extending from the post-cervical median line to the lateral cervical area. While the head could be again positioned normally, it could only be done so by force, and could only be retained there but a short time when the head would *incline to the left without elevation of the chin*, showing the spasm to be mainly in the upper portion of the

trapezius and not implicating the sterno-cleido-mastoid as is usually the case. Pain became continuous but with exacerbations. The head assumed extreme inclination to the left and incapacitated the patient for any employment. His habits are good and excluding some drinking, long since discontinued, there has been nothing vicious or improper in his living. His business is that of nursery salesman and consequently has lived much in the open air.

EXAMINATION.—He is a robust, strong, well-developed man. All pupillary reactions normal. All eye globe rotations normal excepting when right external rectus is put on a tension a slight nystagmus is developed. Right knee jerk is exaggerated; left is normal. No sensory symptoms present. Atrophy of left side of face is marked. He says slight twitching in the left side of his face bothered him for a short period but is not present now. The masseter muscle is normal in volume and function. All the left cervical musculature, excluding the trapezius, is atrophied, soft, flabby. With difficulty, only, can the sterno-cleido-mastoid be outlined. The supra and infra spinati, shoulder, arm and fore-arm muscles are symmetrically atrophied on the left side. The grasp in the left hand is about a third to one-half less than that of the right. All atrophied muscles respond to the galvanic current with the normal cathode plus.

REMARKS.—Since the excessive spasm inclining the head to the left the patient has continuously, during waking hours, tried to resist the spasm by means of a stick braced in and against the teeth and held in the left hand. To the arm so positioned abnormally and practically in non use for all other functionation the principal amount of atrophy was attributed, the verification of which will be mentioned when speaking of treatment.

*A case presented to the Academy of Medicine of Kansas City, Mo., March 4, 1899.

Also the atrophy of the neck muscle was thought due to non use. As to the facial atrophy, in my opinion, it could not be due to non use and is probably to be accounted for through disturbance in the trophic center, there being no facial paralysis or asymmetry.

PATHOLOGY:—The underlying morbidity of this type of wry neck is supposed to be due to a neurosis involving the bulbar and cerebral centers. The muscular action becomes unnatural and uncontrollable because of the unstable stimuli from the defective nerve nuclei and cortical cells. The whole neuro apparatus is unable to functionate normally and the trouble is never in the nerve trunk alone. The cortical cells controlling the muscular movements are defective, have probably never been normally developed and in their now premature decay their discharge of nerve force is sent out in an irregular, intermittent, discordant and uncontrollable manner.

TREATMENT:—Outside of common-sense treatment to put the patient in the best possible condition I put this patient on nothing medicinally but the fluid extract (Squibb's) of conium three times daily, beginning with ten minims and gradually increased until he was taking ninety minims three times daily when slight vertigo, muscular weakness and a sense of intoxication appeared. The dose was reduced gradually just enough to obviate these symptoms. He is now still taking seventy-five minims three times daily, is comfortable, is in good health and as you see can rotate his head voluntarily from side to side, and does not need to hold his head to keep it straight. There is not nearly so much atrophy of the neck muscles and no perceptible atrophy or lack of strength in the arm and shoulder muscles. The atrophy of the face remains, as near as I can judge, unchanged. There was no change in the muscle spasm till forty minim doses were reached. For the pain I gave ten milli-amperes of the constant current daily for a time then three times weekly, with the anode

over the seat of spasm and the cathode at an indifferent point. I also gave the static indirect (patient charge positively) spark briskly over the side and back of the neck, shoulder and arm. After a week of daily treatment with the galvanic current all pain disappeared and the patient slept well and under the influence of the static spark the muscular atrophy and loss of strength could readily be seen to disappear.

What this patient's future may be is not easily determined but certainly if he never improves beyond the present and remains as he is now this line of treatment is a success and he has been reclaimed from total disability and restored to a life of usefulness.

In the discussion of the case Dr. C. Lester Hall said:

DR. C. LESTER HALL:—The patient, Mr. Dansby, an old friend of mine, came to the city to consult me with reference to wry neck, which was both tonic and clonic. He was only enabled to hold his face squarely in front of him by the use of a stick which acted as a prop and support on his upper teeth. Mr. Dansby had received competent medical treatment without benefit. I invited my office associates to see him and we all agreed that the case was quite remarkable. The question arose whether we would continue medicinal treatment or resort to surgical measures.

I invited Dr. Burnett to see him with me and after a consultation with him, I advised the patient to put himself under Dr. Burnett's treatment. The result was not only exceedingly gratifying but surprisingly successful, and I wish to congratulate Dr. Burnett upon the splendid result obtained in what appeared to me to be, at the outset, a very discouraging case.

DR. C. W. DULIN:—Through kindness of Dr. Hall I was, with Dr. Burnett called to examine this patient, and will say I was very forcibly impressed with the diagnosis made by Dr. Burnett after exclusion of all other probable lesions. The extreme atrophy and inability to use muscles of cervical, supraclavicular and deltoid regions, and the history of long duration suggested a very unfavorable prognosis. After having visited many physicians and under their direction followed out many plans of treatment with no result, I feel highly gratified from this excellent result, under irregular attendance in so short a time.

The case illustrates very emphatically that in the treatment of various afflictions to which mankind is heir, our first duty is to make a positive diagnosis and then use therapeutic remedies that may be indicated.

